MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/537963

FILING DATE ●

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1		1				53						
4		1		1				54						
5		1		1				55						
6		1		1				56						
7		1		1				57						
8		1		1				58						
9		1		1				59						
10		1		1				60						
11				1				61						
12				1				62						
13				1				63						
14				1				64						
15				1				65						
16				1				66						
17				1				67						
18		2		1				68						
19	1			1				69						
20	1			1				70						
21		2		1				71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			1					TOTAL IND.						
TOTAL DEP.			21					TOTAL DEP.						
TOTAL CLAIMS			22					TOTAL CLAIMS						